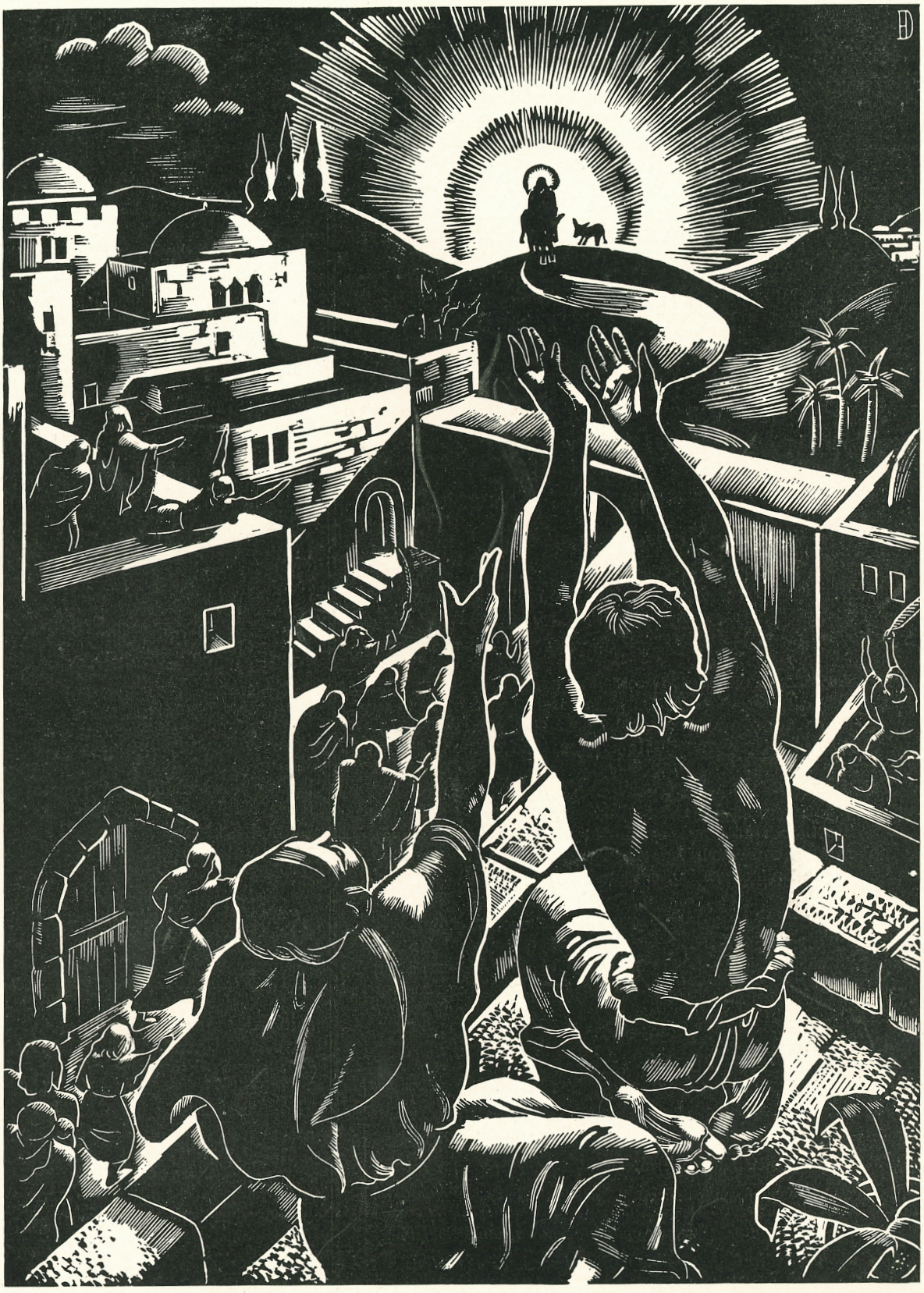

From a woodcut by Hanna Dallos

THY KINGDOM COME

THE MEDICAL MISSIONARY

JANUARY, 1946
VOL. XX, No.1

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"WE'LL MISS THEM! It is selfish of us, of course. But that is how we feel," say the Medical Missionaries of the American soldiers stationed in India during the past few years. Sister M. Elise Wijnen, M.D., pays a tribute of gratitude on behalf of all our sisters.

BAGTU, the gate-keeper at Holy Family Hospital, Rawalpindi, has to be a traffic cop, errand boy, bureau of information and diplomat all combined. But he manages—with real success. Sister M. Alma Lalinsky, M.D. explains how and why.

OUR COVER, entitled Thy Kingdom Come, is from OUR FATHER: THE LORD'S PRAYER, original woodcuts by Hanna Dallos, printed by the Royal Hungarian University Press, Budapest. It is reprinted through the courtesy of Transatlantic Arts, New York.

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can help the Medical Mission Sisters bring health and healing to the sick and suffering of mission lands. The following approved form of bequest may be used:

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THE
MEDICAL MISSIONARY
8400 Pine Road
PHILADELPHIA, PA.
Member of the Catholic Press Association
SISTER M. LOYOLA, S.C.M.M.
Editor
Published monthly except July and August by The Society of Catholic Medical Missionaries, Inc., 8400 Pine Road, Philadelphia 11, Pa., in the interest of Medical Missions and Women of the Orient.
SUBSCRIPTION
$1 per year; $5 for 6 years
Entered as second class matter, September 11, 1928, at the Post Office of Philadelphia, Pa., under the Act of March 3, 1879.

The Society of Catholic Medical Missionaries is a religious community of women founded in 1925 for the purpose of providing medical care to the sick in the foreign missions.

The Motherhouse and Novitiate are located in Fox Chase, Philadelphia, Pa. There is also a House of Studies in Brookland, Washington, D.C., and Houses of Postulate in England and Holland.

The main activities of the Society include the conducting of hospitals, dispensaries, maternity and child welfare centers, training schools for native nurses and midwives, and similar health works.

Medical Mission Centers conducted by the Society in India and the United States are:

Holy Family Hospital, Rawalpindi, India
Holy Family Hospital, Patna, India
Mitford Muncipal Hospital, Dacca, Bengal, India
The Santa Fe Catholic Maternity Inst., Santa Fe, N.M.
The Catholic Colored Clinic, Atlanta, Georgia.

It is the purpose of the Society to send Medical Missionaries to any mission field of the world. The Society has many requests; it needs many vocations.

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"With Firm Christian Hope"

"Well may the Catholic Missions look to the future with firm Christian hope" . . . These words of the Holy Father, spoken on the first peace-time Mission Sunday, are replete with inspiration and courage for the coming year.

With the dawning peace in the world, the Catholic missions look forward to the future with hope and determination. After six and, in some missionary lands, eight years of warfare, in the course of which so many missioners and so many missionary institutions fell as innocent victims of the war, Our missionaries welcome the day when they are free again to carry out the divine injunction: "Going therefore, teach ye all nations." True to Him Who gave that challenge to His faithful few, Our priests and sisters, Our catechists and medical missionaries, indeed, all Our Catholic people rededicate themselves to a renewal of that spirit of sacrifice, heroism and generosity which, prior to the destruction wrought by the war, had made such great progress in bringing the knowledge of Christ to the utmost bounds of the earth.

The heroic role of the missionary . . .

Well may the Catholic missions look to the future with firm Christian hope; for although there is scarcely a phase of missionary endeavor which has not suffered serious losses during the war, whether it be in sending new laborers into the harvest or in the maintenance of missionary activities, built at great sacrifice over a period of many years of toil or in the procurement of the funds necessary to sustain missions and missionaries, still it is certainly true that never before has the heroic role of the Catholic missionary stood out more brilliantly than it has during this war. Wherever the contending armies marched, either in the coldest recesses of the north or on isolated and hitherto uncharted islands of the tropics, they found that another army, an army of peace, had preceded them. A corps of missionaries had been there first to sow the seed of the Gospel. Indeed, it may be said that the world has come to know better, to admire and to love in far greater measure those sons and daughters of Mother Church who renounce all in order to devote themselves exclusively to the spreading of the Kingdom of God on earth. Thus the Catholic missions may well expect a greater abundance of aid, both spiritual and material, from a world which has come to see at first hand the heroic life of the missionary,—and who will say that some returning soldiers will not heed the divine invitation to go back to those far-off lands as members of Christ's own Army?

Fullest support of the faithful needed . . .

But if the Catholic missionaries look to the future with a firm hope, it is also true that the huge task of reconstruction which awaits them will challenge their best efforts and will demand of them an unfailing determination to rebuild what has been destroyed by the war, and, using the most recent means of communication and manufacture, ever to extend the frontiers of their missionary conquest. In order that this zealous determination of the missionary may bear fruit, he needs, as never before, the fullest support of the Catholic clergy and laity at home. He requires their constant prayers, their unflagging interest and their unstinted generosity in giving alms. Now is the time for Our priests and Our people at home to rededicate themselves to the missions, to enroll as auxiliaries in that spiritual army of heroes and heroines who leave all, home, family and friends in order to preach One Lord, One Faith, One Baptism to the one vast human family.

—Pope Pius XII

Doctoring Without A License

by
GERTRUDE EMERSON

For many months Gertrude Emerson shared the life of the village people of India in Pachperwa, the Village of Five Trees, in the Province of Oudh. With rare sympathy and understanding she has written of the people, their lives, their needs. We reprint "Doctoring Without a License" from Miss Emerson's book, VOICELESS INDIA, through the courtesy of The John Day Company, New York, Publishers.

Nobody can live in an Indian village and escape seeing the terrible misery to which the flesh of the villager has fallen heir. Sanitation and medical science, as developed in the past century by Western genius, are unknown here. Armed only with credulity, the villager wages constant and heartrending battle against diseases which are chiefly the result of conditions he cannot control, such as climate, or cannot change by himself, such as poverty and ignorance.

Before I had been a week in Pachperwa, I had to answer, however inadequately, a call for help. Without previous training or qualifications, I became a "doctor" overnight, ministering as best I could to sick villagers, along with the white-haired Babuji of the dispensary, with barbers who are traditionally the rural surgeons of India, herdsmen who act as bone setters, itinerant quacks who offer cure-alls of dried leaves and powdered roots, pundits who recite Sanskrit texts, beggars, calling themselves holy, who profess to heal by laying on of hands, and sorcerers who chant mystical spells and proffer charms. I was something new and might as well be tried as any of these. My services cost nothing. Most important, I stood for that vague but powerful force known as Western civilizatiion.

The climate is particularly bad in the Tarai, along the base of the Himalaya, where the plain lies less than four hundred feet above sea level. During half the year, the tropical heat causes the rapid growth of many kinds of bacteria and at the same time reduces physical energy. The slope of the land is so slight that the heavy rainfall of the mountains turns the whole region into a lake for three months. As the water subsides innumerable swamps and jhils are left behind. In the Gonda district these cover a sixth of the total area. At all times of the year water is everywhere close to the surface. Conditions like these inevitably spell malaria. In the region immediately touching the forests no one but the apparently feverproof Tharus can survive at all. The whole Tarai population are chronic suffers from malaria, contributing a high quota toward the 1,300,000 deaths conservatively estimated as the annual malaria toll for India.

The unparalleled poverty means undernourishment for millions upon millions. Between thirty and forty of these millions are said to be perpetually on the verge of starvation. Taking the population as a whole, food consumption proportionately equals in quantity only one third that of the people of the United States. But the quality, too, is infinitely poorer, lacking in both variety and in nutrition. Rice is the chief product of the Tarai, but even this is a luxury. Many who cannot afford rice live entirely on pulses. Milk is beyond the means of most. In the district where I lived, 526 people to the square mile, 750 if uninhabited forest was excluded, were trying to subsist on agriculture or the occupations immediately connected with it. Lack of resistance to disease and no recuperative reserve were inevitable. Poverty explains why the people cannot have mosquito nets and why, to a very great degree, they live under unspeakably insanitary conditions in rural India.

Ignorance is another chief cause of sickness. The villagers do not know that dust and flies carry disease. They do not know the connection between stagnant water and mosquitoes and malaria. They do not understand that trachoma is infectious. They have no idea that a leper is of any danger to the community. They do not associate polluted wells or streams with cholera or typhoid. They are ignorant that their way of disposing of human waste spreads the hookworm from which 80 per cent of them are suffering. They find no connection between the number of infant deaths and the time-honored methods of the mid-wives. Knowledge of this sort is comparatively new, even in the West. How are poor Indian villagers to be expected to possess it unless those who know pass it on to them?

In the many decades that Oudh has now been under English administration, since its annexation by the East India Company, many improvements have naturally been carried out. Yet it is apparently easier to build roads and construct railways and telegraphs and put down lawlessness and carry out land surveys and legislate

Sanitation and medical science, as developed in the West, are unknown to the Indian villager. Most of India's 400 million people live in rural villages.

for improvement in the position of tenant farmers than to protect the health of people, raise their standard of living, or educate them. From the medical point of view, the outstanding accomplishment has been the handling of epidemics. But epidemics are the exception, and under normal times and conditions, the health problem remains unsolved. The reason is not far to seek. The sums available for rural medical work are pitifully inadequate. For general sanitation in our area, the district health officer said there was an expenditure amounting to a sixth of a cent a year per head of the rural population, and this figure, as I understood it, included the salaries of sanitation officers. By way of contrast, out of the total funds available to the government, normal expenditure for military purposes is more than ten times that for medical relief and public health.

When the Indian villagers first began coming to me with infected fingers or sore eyes I acted on the assumption that disinfectants and cleanliness at least could do no harm. I washed clean cuts with iodine and dirty ones with lysol or permanganate of potassium solution and bound wounds with clean gauze. When mothers brought babies whose eyes were infected, I put a few drops of boric water in the eyes and told the mothers to keep washing them with warm water and the cotton I gave them, and to bring the babies back for more drops until their eyes were well. But matters did not rest here.

Villagers believe in miracles. They immediately transformed me into a miracle worker, and my reputation spread over the Tahsil and east through the surrounding countryside into Basti and Gorakhpur districts and north into Nepal. More and more people came, bringing more and more serious illnesses for me to cure. When I told them I was not a doctor and that they must go to the Babuji at the free dispensary, they stubbornly insisted, "The Babuji does not give good medicine to poor people like us." When I tried to persuade someone in need of expert attention to make the short journey to the hospital at Balrampur or at Gonda, the answer was: "How can I go to Balrampur? Who will prepare my husband's food or take care of my children while I am gone?" Or, "There is much work to be done in the fields, sirkar." The final argument to every assertion of incapacity to help on my part was always the same. "But we have heard your name. We have been told that you will give us good medicine. Six *kos* have we walked to come to you. *Bahut garib admi.* We are very poor, sirkar."

The appeal of human suffering and helplessness had to be met somehow. My medical library was contained in one small volume, *A Medical Guide for Non-Medical Missionaries,* presented to me in Allahabad by the author, Dr. Douglas N. Forman of Ewing Christian College and the Naini Agricultural Institute. I laid in a stock of simple medicines and dressings from Lucknow and gratefully accepted others donated by Dr. Saxena. One of the three rooms of the house was converted into a supply room. The east veranda became my "office" where from half-past six until half-

past ten or eleven every morning, men, women, and children presented themselves for treatment.

As the sky reddened behind the black trees, I would be waked by low voices. From my bed on the lawn I could make out a group of women standing a little way off, watching me intently. One flicker of the eyelids, and they would press forward murmuring, "Great suffering!" while one held out an ulcerated arm or leg for me to see through the mosquito net. They were not supposed to come so early, and they were not supposed to come around to the north side of the house so long as I was in bed. Shuffling to my rescue the Ayah would shout angrily: "Is Miss Sahiba your father's servant? Go and wait on the east side of the house!"

When I appeared on the veranda, fifty or even a hundred people would be squatting about there on the lawn. Mingled with the sick were ordinary beggars. All would crowd up at once. "My stomach aches very much." "I see very little, as if smoke came in front of my eyes." "Huzur, look at my sore leg." "I have a very bad cough, huzur." It did not take long for me to acquire a comprehensive medical vocabulary.

With the aid of Asgar Ali and the Ayah I first set about clearing the veranda and sorting out obvious cases for which I could do nothing. These I directed to go elsewhere. Then I administered pills, castor oil, argyrol, ointments, bandages, or advice. In the pitiful procession filing across my veranda day after day, I was brought face to face with fevers of every kind, goiter, dropsy, rheumatism, tuberculosis, anemia, smallpox, leprosy, dysentery, jaundice, endless stomach complaints, broken bones, syphylis, epilepsy, insanity, cuts and abrasions, boils and abscesses, skin diseases, blood poisoning, worms of every variety, rickets, scorpion and dog bites, trachoma and every other known eye trouble.

The most difficult thing to face was the childish faith of nearly everybody that I could, if only I would, cure anything—with one pill or a single dose of something. A thousand times did I point out that I was not a doctor, that I was very ignorant about their sicknesses. Oh, no, I was merely displeased for some reason! Patiently the victim would tell me all over again that he was very poor, that he had come far, that he suffered much. I think every blind person for a

A travelling medicine man displays his paraphernalia . . . *—Three Lions*

hundred miles around came and looked up at me with straining blank eyes, asking hopefully to be made to see. "I have medicine for red eyes," I would say as gently as I could, "but not for white eyes. I can do nothing for white eyes." There was not much change of expression. The old man or woman, led by a son or daughter, or the young mother with her blind baby, would go on sitting there under the tree for a minute or two, giving me a chance to relent and change my decision. Then the Ayah or someone else nearby would repeat like an echo, "No medicine for white eyes!" and finally add, "Joa!"—"Go!" In the silence that followed I could feel the pain of somebody's disappointment, as if I had betrayed a precious trust.

(to be continued)

The mystery of creation is like the darkness of night—it is great. Delusions of knowledge are like the fog of the morning.

* * *

The trees, like the longings of the earth, stand a-tiptoe to peep at the heaven.

* * *

The stars are not afraid to appear like fireflies.

* * *

Not hammer-strokes, but dance of the water sings the pebbles into perfection.

—Rabindranath Tagore

"We'll Miss Them!"

by

Sister M. Elise Wijnen, S.C.M.M., M.D.

When V-J Day arrived at last, Holy Family Hospital in Patna celebrated with the rest of the world. Even though India has not been in the worst of it, yet peace and victory are happy sounds after so much misery everywhere. But right from the start we began to say to each other: "Won't we miss the American Army!" For several years we have enjoyed their presence in India—their frequent visits and boisterous interest, to say nothing of their generous donations which have ranged over the entire contents of the PX! It is selfish of us, of course, but that is how we feel. We'll miss them!

Now that censorship is over, it will not do any harm to tell you that there has been a large American air base quite near Patna, in Gaya, the ancient cradle of Buddhism, about five hours by train from the capital of Bihar. It was the main air field for this part of country, able to service the huge B29's that used to crowd the skies upon their departures for missions in Burma and Japan. Their 250 bed hospital with its first class equipment was our special envy!

It did not take the Catholic soldiers long to find their way to St. Xavier's, the Jesuit residence in Patna. Rooms, food and cheerful chat were always in readiness for any chance caller in khaki or olive drab—and the boys certainly appreciated it. They would arrive in trucks and jeeps and trains, on leave or on errands, and stay a week, a few days, an afternoon, accepting hospitality in the same spirit in which it was offered. Their friendly, interested attitude has done much to popularize the American way the world over—one of the few good things to come out of the war.

Now any American visitor who stays at St. Xavier's long enough to do some sightseeing is invariably taken to see Holy Family Hospital. We call it "slumming" as our place is right in the heart of the native bazaar. The Americans, when they come down here, certainly see Indian life in the raw, often for the first time. For the past two or three years hardly a week has gone by that we have not had a car drive in the gate bringing a few white-robed and khaki-clad figures. Sometimes there has been a phone-call to warn us—"He is a big man, you'd better get ready!" Usually there has been no announcement at all—and then there is a scurry to round up the sisters

and tidy the hospital wards, so the visitors won't be too shocked at Indian ways!

We are not likely to forget the day Colonel Mullally, Chief of the U.S. Army Chaplains in India, called! All was in readiness to receive him, when at the last minute we had an emergency operation. Came a peremptory order to come out and meet the Colonel anyway. So out we turned, capped and masked, in a well-spattered surgical gown and hastily washed rubber gloves. We were too rushed to think of it at the moment, but later on we did feel rather embarrassed. But the Colonel was quite unruffled. He acted as if he met blood-sprinkled sisters with masks on every day of his life!

The first time we met a jeep we nearly jumped with excitement. Corporal Welch of Philadelphia and Sergeant McDonough of Everett, Massachusetts were highly amused—and it ended up with five of us crowding into the back seats and taking a ride down the busy bazaar streets. There was a regular crowd waving and cheering at us, and our prestige increased considerably after that ride!

For a few days last spring a former head-nurse from Philadelphia General Hospital came to stay with us during her leave. She kept us in the gales of laughter with her tales. She had been taking care of Chinese troops in Assam. Said she—"Those fellows would sell anything they could lay their hands on—drugs, food, dressings, clothes, anything that was loose at both ends. We used to have to give their medicines right into the mouth—and even after a full glass of water they'd take out the pill to sell it!"

Then she told us about the time they had a rather querulous group of medical cases to take care of, American boys who were hardly sick at all, only homesick! In the morning the nurses would put their heads together and walk into the ward, calling out, "And how is the great big American Army today?" Not one would dare let out a peep after that. But there were serious times too—like the Christmas Eve when they had their first Jap bombing. "I lay in a ditch by the road, as flat as I could, and for the first time in my life I really trembled," she reported.

Will we ever forget our one and only Sergeant McGrath—the man who emptied out the PX in our favor so many times, everyone came to tease us about it? There would be a phone call from St. Xavier's: "Sergeant McGrath is on his way down to you with a couple of cans of mushroom soup in tow!" Or the sisters in Rawalpindi would write: "Can't you direct him up here? We would like some American syringes too." Sergeant McGrath went home a couple of months ago. God bless him, he deserves well by us!

American soldiers in New Delhi took up a collection for the Medical Missionaries. Here Sister M. Alma accepts a check on behalf of Holy Family Hospitals in Patna and Rawalpindi.

One of the funniest presents we ever received came unexpectedly. One hot humid afternoon an army truck turned into the gate and disgorged a muddy, weary, crumpled driver in khaki. He was looking for St. Xavier's, and nearly wilted when we told him he still had six miles to go. He had been driving over monsoon-soaked Indian roads since midnight, and when he spied the Cross on the cathedral he heaved a sigh of relief, only to discover this was a hospital, not a hotel! We offered him a room and a bed, but naturally he preferred to drive on to the soldiers' favorite "flophouse" when they dispense "Loesch" hospitality! We must have looked as hot and dusty as he did, for he generously offered us the remnants of his lunch, iced beer and a loaf of real American bread, "baked by the best cook in the Army, in Gaya." So that night we celebrated!

Many, many more will live in our grateful memories—priests and privates, colonels and corporals, doctors and nurses, air and ground forces, some of the finest men and women a wonderful country ever turned out. And they in turn, we feel sure, will think and talk about their meetings with missionaries, thus spreading and increasing the personal interest in the missions that has received such an impetus in these years of war. We expect great things from Catholic America when these men and women return to their own people. The whole world should profit by their experiences—and the missions, we hope, will share in that boon.

—*Three Lions*

Blind beggars on the streets of India

They See Not

by
SISTER M. LEONIE TUMMERS, S.C.M.M., M.D.

Blindness is common in India. But unlike any where else in the civilized world, a great deal of it can be prevented. Neglect of simple conjunctivitis is sometimes followed by ophthalmia and loss of eyesight. Corneal ulcers, some of them due simply to lack of proper food, are met frequently. Deficiency of vitamin A is known to produce a condition known as keratitis. There is a clouding of the cornea, the transparent membrane that protects the eyeball, and the eyesight becomes dim. It is often completely lost unless vitamin therapy is instituted. Once lost, no amount of vitamin A will bring it back. According to ophthalmologists in India, this lack of vitamin is responsible for a great percentage of the blindness in the country.

Yet, this could be prevented so easily. Oh, yes —after one has overcome those eternal bugbears in medicine—ignorance and superstition. Before approaching a well-qualified doctor, many people take their children (From the nature of the disease it is very common in children.) first to the hakim, who administers some impotent draught or prescribes some superstitious practice. To get the parents who do bring their children to keep the poor mites on an adequate diet requires a great deal of effort and eloquence. And then, after one has convinced the parents that a vitamin-rich diet is necessary, the child itself produces another problem—it does not like the food! And far be it from any Indian mother to make the child eat anything it does not like.

Cod-liver oil, always a good stand-by in the prevention of rickets and eye trouble—is now difficult to obtain. Luckily the shark liver has been

found to be a good source of vitamins A and D and the government has been producing shark-liver oil in the government fisheries. The concentrated vitamin drops and goblets are imported and can be had more easily now, although for mass therapy they are still too expensive.

Another cause of blindness very common in India, in this case in older persons, is cataract. Yet a comparatively simple operation and heavy glasses will restore eyesight sufficiently for the ordinary needs of the people. But here the doings of unscrupulous, untrained men are indeed exasperating.

A cataract is a clouding of the lens of the eye. In properly performed operations this clouded lens is removed and glasses are fitted to help in the resulting loss of accomodation. These unscrupulous practitioners, however, have a technique by which, through a simple manipulation the lens is pushed into the inner chamber of the eye. This affords immediate eyesight, but eventually, due to the adverse action of the extraneous lens in the posterior chamber of the eye, the sight is completely lost. These so-called eye-doctors stay long enough in one place to do their business, but never long enough to observe the bad result of their actions. Thus the poor people are deluded over and over again.

It has been estimated that there are anywhere from one and one-half million to nine million blind persons in India. In the Punjab alone, fifty seven thousand are reported to be totally blind, although the actual number may be much higher. In fact this Province and the Central Provinces are supposed to have the highest incidence of blindness in the world!

Wherever he would go, a competent ophthalmologist would soon have much work to do. In one hospital I know of, in the spring and fall when the village people like to travel, there are as many as twenty to thirty cataract operations in a day. And this is not exclusively an eye hospital.

Trachoma, leprosy and smallpox are a few more causes of blindness, by no means rare in in India. And for each of these there is proper treatment if administered on time. To overcome the bugbears of negligence, ignorance and superstition will require much painstaking instruction and advice. Only then can we hope to lessen the thousands of pitiful men, women and children who trek from one quack to another, trying to recover the eyesight which so often is irremediably lost.

THY KINGDOM COME . . .

THY KINGDOM COME. Cannot Your Holy Spirit inscribe it on my heart, that it may be an abiding longing and one to combat my sloth. I fear, O Lord, that I have not yet passed the age of infancy, despite the number of my years. In prayer I have only spoken to You, as a child, of the trifles which trouble me, and of the small favours I expect from Your bounty. Never have we together studied the lists of Your desires, in order to turn my Christian heart to them.

I am not united to the desire of the Good Shepherd, and the revelation of Your innermost desires has been denied me. We have not spoken in unison, as partners should. We do not speak of YOUR Japanese, of YOUR Chinese, YOUR Indians, or YOUR Mohammedans. Yet they are YOURS, though they know You not: and throughout the ages Your desire has been to include them in the Fold. My evening prayer has not been a silent journey, hand in hand with You, across Your inheritance of those immense continents where men never pray to You. Yet I know that the great longing for the extension of Your Kingdom should drive away the riotous and stupid personal cares which beset me. I waste my time in regulating them, in censuring some, in satisfying others; and I lose myself in the insolence of their demands: the care of my health, my good name; of my figure and my comfort; fear of loss, joy of finishing a work; regret at having missed an occasion of appearing at my best; or having failed in dealing with a crisis; of having been overshadowed, or perhaps of sinking into insignificance.

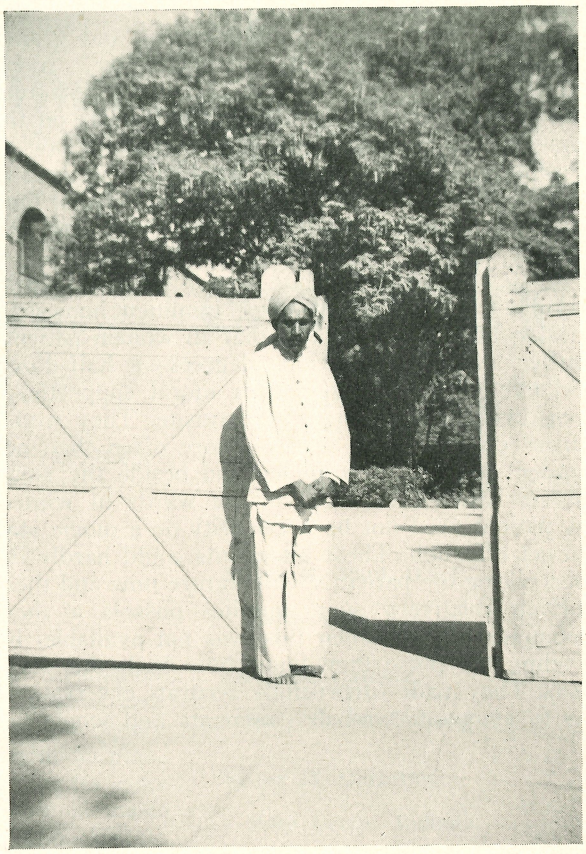
Lord, if we were to put everything in its place, would not mine be the lowest? The important thing here is that Your Kingdom shall come, that Your Church shall be founded everywhere in the world, and that the limits of the Fold shall be such as to include the whole human race. And when that is done, we shall still pray: "May it come," for the whole Church is nothing but an immense aspiration to You, and You will never finish the showing forth of Your splendours to those given to You by the Father.

—Father Pierre Charles, S.J.

Bagtu

by

Sister M. Alma Lalinsky, S.C.M.M., M.D.



Bagtu—in person!

Should you visit Holy Family Hospital in Rawalpindi, India, outside of the usual visiting hours, you may wonder why you are confronted by a khaki-clad, green-turbaned Indian gate-keeper to whom you are expected to explain your presence. The reasons for employing this out-door receptionist are many and varied. Such a barrier at the outside gate is a real help to the smooth running of a mission hospital and an undisguised blessing as well. Placards and signs giving the visiting hours may be displayed prominently, but to what avail if many of the people cannot read? And among the literate there seems to be a general disregard for such signs, if not an attitude that hospital rules are made only to be broken provided one is not caught doing so.

Bagtu, our gate-keeper, has a task which no one envies and which has proved to be the Waterloo of more than one of his predecessors when they were caught accepting bribes, a real temptation in such an appointment. As far as we can see, Bagtu has not succumbed to this impulse to accept the universal sesame, *bakhsheesh,* which is offered more times than one can count. This is a laudable record, especially since he has been overheard to have all kinds of *gallee* (abuse) heaped upon his head from people who pleaded for exceptions in their particular case.

The gate-keeper has to be a traffic cop, an errand boy, a bureau of information and diplomat all combined. He must see that the hospital wards and rooms are free of surplus relatives except during the appointed times and in special instances. He allows vistors in and has to see that they leave when visiting hours are over, although it may mean that he has to act as personal escort to certain recalcitrant individuals. Vendors with their fly-ridden, ghee-sodden delicacies must be denied entrance into the compound, as also beggars with their begging bowls. Stray dogs, cats, cows, goats or even buffaloes in hopeful pursuit of green pastures must be kept out. He must prevent people, ostensibly coming to the out-door dispensary for toothache drops, etc., from wandering into parts beyond to the bedside of some dear one. This is doubly difficult on account of the construction of the hospital. The dispensary and the hospital wards are adjacent and it is not an unknown occurrence to have the dispensary staff harrassed by questioning relatives of hospital patients, and have the hospital staff bothered by dispensary patients.

Relatives we have always with us. They try Bagtu's—and our—patience. "It is not good for man to be alone"—nor for that matter "woman"—thinks and says the average man when he brings one of his kinswomen to the hospital for admission. Now please do not get the impression that we frown upon or discourage signs of solicitude and love by relatives towards their sick ones. Consideration should be and is shown to members of the immediate family. But when it comes to coping with the far removed relatives who are all *bhai* and *bhain* (brother and sister) it becomes a bit tiresome. On second thought the people probably use this blanket term of *bhai* and *bhain* because they know we do not properly appreciate the numerous distinctive designations

which exist in their vocabularies for various members of the family.

Take, for instance, grandfather and grandmother, grandson and granddaughter, niece, nephew, uncle or aunt, the terms are different for each, depending upon whether they are on the maternal or paternal side. Even sisters-in-law or brothers-in-law are further subdivided depending upon whether you want to indicate the wife or husband of the eldest brother or sister, or merely the spouses of the younger ones.

Before we had a gate-keeper we had endless trouble with relatives. To dispel imminent homesickness —and it is inevitable that all women patients suffer from it in various degrees—a half-dozen relatives wanted to give their moral support and reassurance to the poor unfortunate. They would insist on remaining nearby—more often than not under the fans in summer and beside the small stoves which are placed in the wards in winter. A patient need not be a celebrity or a movie star to get attention. These attendants could hardly resist taking the patient's temperature now and then. (Even relatively poor families possess a thermometer.) And when this was not available, by feeling the pulse they knew how high the fever was. They made surprisingly accurate observations as to symptoms and developments and would recount these to anyone within hearing or calling distance. What they thought nurses were for I cannot imagine. Their notions of a nurse's intelligence and power of observation were not very complimentary to say the least.

The nurses themselves, although they tried hard enough, did not succeed in enforcing restricted visiting hours. All our student nurses are Indian girls and native sisters, most of them small-statured and anything but aggressive in manner or voice. Visitors are prone to ignore rather than heed their orders. Some of them may have been frightened at seeing some of these towering sheikhs and Sikhs, so when the latter vaguely put them off with "I am just going"—which meant in a few minutes or an hour—they did not demur.

Now, day in and day out, Bagtu, faithful at his post, does not realize just how much he is lightening the burden of the hospital work. He himself, while employed as a sort of janitor a few years ago, became seriously ill with an amoebic abscess of the liver. He underwent an operation and recovered completely. He understands, therefore, the importance of proper rest and quiet for patients and also knows that nurses can do their work more efficiently without a bevy of interfering relatives watching and commenting on their every move.

CHURCH UNITY OCTAVE

The eight days, beginning with the feast of St. Peter's Chair at Rome on January 18th and ending on the feast of the Conversion of St. Paul, mark the annual octave for Church Unity. In his encyclical ORIENTALIS ECCLESIAE Our Holy Father, Pope Pius XII has exhorted the faithful to offer special prayers for the return of the Eastern Churches.

"Let there be in all one faith inviolate; in all one charity, uniting all together in the mystical Body of Jesus Christ; in all one earnest and practical loyalty to the See of Blessed Peter.

"The furtherance of this worthy and meritorious work must be the special endeavour of those who live in the East and who, by mutual esteem, by friendly intercourse and by the example of their spotless life, can more easily induce our separated brethren, and especially their clergy, to become reunited with the Church. But all the faithful, besides, can contribute by their prayers and supplications that God may establish throughout the world the one Kingdom of the divine Redeemer and His one fold for all.

"Indeed, to all alike we recommend in a particular way that most effective aid, which in any work for the saving of souls must take the first place both in order of time and efficacy: fervent, humble and confident prayer to God. And We would have them invoke the most powerful patronage of the Virgin Mother of God, that, through the gracious intercession of this most loving Mother of us all, the Divine Spirit may enlighten the minds of Eastern peoples with His heavenly light, and that all of us may be one in the one Church which Jesus Christ founded, and which that same Spirit, the Paraclete, nourishes with an unceasing rain of graces and stirs to sanctity."

The Mission Clipper

A UNIQUE RECORD

During the entire war the doors of the Catholic University of Peking, China have never closed, writes the editor of **Fu Yen,** the official organ of the University. Last year the enrollment of students in all departments numbered some 4,000.

Of the same University, His Excellency, the Most Rev. Mario Zanin, Apostolic Delegate to China, has said: "Laboring indefatigably, this great institution is in an extraordinary way and with remarkable success attaining its twofold aim: the cultivating and spreading of true and solid knowledge among the aspiring college youth of the most noble Chinese people, and at the same time the exciting in the minds of the learned of the land a profound veneration and sincere love of our Holy Religion and of Holy Mother Church." ——**Fu Yen**

CATHOLICS IN MADAGASCAR

There are 600,000 Catholics in Madagascar, 40 native priests and a Madagascan Bishop, the first of his people, according to a report of the Society of Missionaries on a half century of mission work.

PROGRESS IN MALABAR

"On September 20, 1930, five of us made our submission to the Holy Father in Malabar, South India. Today we have nearly 100 priests and 50,000 Catholics in the fold," writes Archbishop Ivanios of the work he has done there. "I have since established 150 parishes and 30 schools. In fact we now have two whole dioceses of converts. Archbishop Severios, my companion convert, heads the other one. This great growth has placed a heavy burden on us all, but I know we shall have help for God has blessed us."

—Jesuit Missions

THE HOLY FATHER'S

MISSION INTENTION

FOR JANUARY:

PEACE IN THE ORIENT

AND IT WORKS!

One of the worst enemies of both the white and the black man in Africa is the chigoe—commonly called jigger. This tiny insect penetrates the skin and lays its eggs there. Its favorite spot is under the toe-nails, and shoes are no protection whatsoever. If allowed to remain there for any length of time, decomposition of the flesh around it will soon take place. Up until now the only remedy against this was to have the insect extracted by means of a pin or needle. This operation was never attempted by a white man but always left to the skilful hand of a Negro. Now a missionary in Nyasaland reports (after testing his system on himself and others for five years with 100 per cent success) that he has found a medicine that kills the insect with one application and thus does away with the "operation." The cure is none other than a drop of Flit or Fly-Tox!

—White Fathers Missions

ONE IN FIVE

If you could meet all the people of the world, one in every five would be a person from India. Only one in every fifteen would be an American. **—Jean Kennedy in "This Is India".**

R. I. P.

Please pray for the repose of the souls of:

Sister M. Paul, O.S.F.,
Buffalo, N. Y.

Sister M. Callista,
Holy Cross, Indiana

Sister M. Corintha,
Holy Cross, Indiana.

Miss Helen F. Greaney,
Philadelphia, Pa.

Mr. John F. Hughes,
Ventnor City, N. J.

Mr. Patrick Cassidy,
Framingham, Mass.

May their souls and the souls of all the faithful departed through the mercy of God, rest in peace. Amen.

On the 18th of every month the Holy Sacrifice of the Mass is offered in our chapel for deceased subscribers and benefactors.

"Fear not that thy life shall come to an end, but rather fear that it shall never have a beginning."

—CARDINAL NEWMAN

News from At Home and Abroad

AT HOME

DEPARTURE!

On the afternoon of November 14th, Brendan, our ever-faithful Angelus Bell, rang out with a special note of gladness when Mother Dengel, Sister M. Augustine and Sister M. Stephen left the Motherhouse in Fox Chase to set sail for India. The departure was the first for India since 1941 and the renewal, we hope, of many to come.

Mother Dengel and the sisters sailed on the S.S. Santa Paula, traveling via the Mediterranean route. They reached Karachi early in December. While in India Mother Dengel will visit all our houses there and make plans for the future development of our work in the country. During her return trip to the United States Mother Dengel intends also to visit our sisters in Holland and England.

Sister Augustine and Sister Stephen will remain in India. Sister Stephen, a graduate of the School of Nursing of Notre Dame de Lourdes Hospital, Lebanon, N.H., was formerly stationed at the Catholic Clinic in Santa Fe, N.M. Sister Augustine, who was also in Santa Fe, is a graduate of the New York School of Dietetics, New York City. Both sisters have been assigned to the staff of Holy Family Hospital in Patna.

HOLLAND

The Sisters in Holland are very busy and are keeping up their work of relief and rehabilitation. Sister Eleanore writes: "We have been asked to take charge of a small temporary hospital and the nursing of the sick at Gennep and Heien. The place is very badly damaged and hardly any repairing has been done on account of lack of materials. Sick people cannot stay at 'home'—no windows, no doors, leaking roofs, no furniture, no beds, no blankets, insufficient clothing.

"The pastor will let us have his house. It has had quite some shelling and half of the roof and the back part of the house are destroyed. There are three rooms which do not leak. In these we are fixing our home—chapel, dormitory and combination kitchen, refectory and community room. This will also save coal which is very scarce.

"Two sisters will take care of the nursing in the homes. We work gratuitously, but living expenses will be paid for by the pastor. The 'hospital' is as yet very primitive and is located above the only intact class room of a very badly damaged convent. There are very few windows and these are nothing but pieces of glass fitted together somehow. It is drafty and chilly—the heating is broken, of course. We are trying to get woolen blankets for the patients and old gin crocks to be used as hot water bottles. The patients are of such great variety that it requires much skill to maintain the place according to the rules of hygiene and preventive medicine."

INDIA

RAWALPINDI

"A few GI's stopped by a couple of days ago and gave us cheese, candy, etc.," writes Sister Alma Julia. "They were so good to us. They said they are going to be Jesuits. I think most of the American soldiers are out of India now, or leaving as soon as possible. I read somewhere that there were about 250,000 soldiers from the United States in India. Of course we saw only some of them as they passed by on their way to the hill stations around Murree or Kashmir.

"Since the war is over Rawalpindi is so quiet. The planes have stopped and I'm still not used to it. Rawalpindi was perhaps the largest recruiting and training center in India. Of the whole of India, this district gave more soldiers to the army than any other.

"There is a large airfield within a mile radius behind Holy Family Hospital. It had been going full blast day and night for the past few years training pilots and paratroopers. There didn't seem to be any law about flying low over the city. In fact during their maneuvers it appeared they tried to see how low they could come to the hospital without hitting it. Perhaps they had to practice hedge-hopping and were doing it on us. The strange part of it was that the patients did not mind. They are so imperturbable about things like that."

PATNA

From Patna Sister M. Hedwig sends us the good news that "The senior nurses have all passed their first examinations. There are nine of them. Now they will celebrate with a well-deserved picnic. They

worked hard both on the wards and with their studies."

NURSERY LESSONS

Speaking of the student nurses Sister M. Elise adds: "Our students are very fond of the nursery tots and like to teach them. One of them has taught the older ones three or four different forms of salutations. They can say 'Jesu ki Barai,' with folded hands raised to the face to the Christians, and 'Salaam,' with one hand raised to the forehead like an inverted military salute to the Mussulmans, and 'Pranam' or 'Adab,' to the Hindus, with the folded hands touching the forehead. I am surprised they have not learned the military salute yet, but that will come later I expect! Of course the babies cannot tell one class of persons from the other, and there is a great outcry from the nurses when they make a mistake. They have a habit of carrying the babies off to their tea whenever we have a feast day. One day I saw little Kalu eating the hottest chutney you ever tasted! He did not even turn a hair!"

MARY GIRI

Rat-Catching . . .
Professional

Have you ever heard of professional rat-catchers? It seems Mary Giri had need of their services, so . . . Sister Pauline writes: "Our back wall was being riddled with rat holes and threatened to fall at the first rain. I asked Father Pinakatt if we couldn't get rat-traps somewhere and try to catch some of the culprits, so he said he would send for some 'rat-catchers'—people who make it their business to go out and catch rats.

"They were sent for, and two men and a boy arrived. Their procedure was most interesting. From the smell they can tell where the rat is in the various channels of holes. They then stop up some of the holes and smoke the rats out. Once one rat ran out of an unseen hole and there was a great scramble to catch it, but it escaped. After all their trouble and three hours work they caught only one rat.

"About two weeks after this, one Sunday afternoon I was called to the gate. There was a rat catcher with a long snake tied by a rope. About halfway down the snake was a large hump, where it had swallowed a rat. In Malayalam these snakes are called perumbamba. This one was about four feet long and as thick as a leg, but the novices said it was a young one because the large ones can eat small goats, etc. The snake does not sting, but strangles its victims and swallows them whole. There is a story told that one of these snakes swallowed a woman harvesting rice. She had a large knife in her hand, so as the snake swallowed her, she held the knife up and cut it open and escaped. The fat from the snakes is fried down and used for medicine. The skin is sold for shoes."

Indian Sisters in training at Holy Family Hospital, Rawalpindi, smile a New Year Greeting

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THE MEDICAL MISSION SISTERS WISH FOR YOU PEACE AND JOY THROUGHOUT THE NEW YEAR

"For the Greatest of These . . ."

SINCE Jesus Christ proclaimed that the special mark of His disciples would be that they loved one another, can we vouchsafe to our neighbors a greater or a more signal charity than that of having them withdrawn from the darkness of superstition and instructed in the true Faith of Christ? Nay, this surpasses any other works or testimonials of charity, as the mind surpasses the body; heaven, earth; eternity, time; and everyone that exercises this work of charity to the best of his ability shows that he esteems the gift of Faith as much as it is meet and just that he should esteem it, and moreover, he manifests his gratitude towards the goodness of God by sharing with the poor pagans this same gift, the most precious of all, and with this gift the others that go with it, or that are united to it.

—POPE PIUS XI, IN RERUM ECCLESIAE